



REQUEST FOR DRIVER'S LICENSE NUMBER

The availability of records is subject to the provisions of the Uniform Motor Vehicle Records Disclosure Act.

Your signature must be notarized or the request will NOT be processed.

FORM *MUST* BE COMPLETED IN FULL

PLEASE PRINT

Name (as it appears on driver's license): _____

Date of Birth: _____ Social Security Number _____

Please Print Your Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: (_____) _____

FAX Number: (_____) _____

Under penalty of law, the undersigned certifies that the information contained will be used as authorized by the Uniform Motor Vehicle Records Disclosure Act. The undersigned hereby acknowledges that this request is made with the understanding that any person requesting disclosure of personal information from the Department of Motor Vehicles who misrepresents his or her identity, misrepresents the purpose for which the information requested will be used, or otherwise makes a false statement on the application shall be guilty of a class IV felony.

Signature: _____ Date: _____

(Signature must be notarized below.)

State of _____

County of _____

The foregoing signature of the **requestor** was acknowledged before me this _____ day of _____, _____

Notary or Designated County Official

SEAL (MUST BE A STAMPED SEAL)

Submit this request to:

For questions regarding this form, please contact
this office at:

FAX (402) 471-8694

(402) 471-3918